2411 N. Charles St., Baltimore 94cc

### CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
City or town Cristials M.	State MA . County Mornarset
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Thinter Julius Barkles	3.(b) Social Security Number
4. Sér 5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Thate coon marries	20. DATE OF DEATH AMERICAN 1946 21 9300 M
6.(b) Name of husband or wife. Canal Baskley	2 ORRIFY had death occurred on the data above stated: hall attended decembed from
7. Birth date of	and thet I tast eaw Man on Calabal 19.
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Imprediate cause of death
62 6 2nrsmin.	O OTOMANA OCALAMANTA
9. Birthpiace Goretta med Somerset	Due to.
Town, county, and state	Arterio Sclerusia
1D. Usual occupation.	Due to
11. Industry or business Capan Barklay	Dither conditions
12. Name Leves Classes Barklay.	(Include pregnancy within 3 months of death)
14. Maiden name Charlotte Mobel	- M. D.
15. Birthplace allere, Md.	Major findings of operations.
18. Informant Codica Stewart	Autopsy results Autopsy result
Address Salisbury 104 3rd. St. Md.	PHYSICIAN: Plane the came of the death should be statistically.
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Autopsy result  Autopsy result  PHYSICIAN: Plant the cause of the death should be diarred statistically.  22. VIOLENCE: If death should be external that the following:  Accident, suicide, or homicide. SOME  Where did injury occur?
Cemetery or crematory Lauresium	Where did injury occur? (City or town) (County) (State)
Location Cristials, may.	Injured at home, farm, industry, public place (where?)
18. Funeral director Charles H. Stard	Msses of injury Injured at work?
Address Marian Stare, M.L.	1/ my to ouleourney 8.
1/22/42 Co to to Colly m.18	23. STONATURE
(Date rec'd by registrar)  Registrar	Address Tiple Mich Date Tolley

JAN 31 1946
BUREAU V.

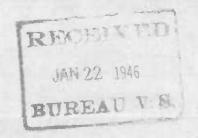
telet Disk

2411 N. Charles St., Baltimore 93-0

### CERTIFICATE OF DEATH

1188366 Reg. Dist. No. 266

City or form.  (It counted of your form with the NULLAL and give mastered town)  (It of the ment is about a dealing a surface of the surface	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
The state of the s	County Samerset	(For newborn infants give residence of mother)
City or town limits, write RURAL and give neglected town	City or town (If ortside of yor town limits write BURAL and city property town)	State County County
Street No.   Circuit, give DOCATION		City or town Thursess une 11d.
Be village in hospital or institution?  3. (ci) FULL NAME  3. (b) Social Security Number  7. Social Security Number  8. ASCE: Social Security Number  8. ASCE: Social Security Number  8. ASCE: Social Security Number  9. Social Security Number  9. Social Security Social Security Social Security Social Security Social Security Social Security Social		
Row long in hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  A. Sex  5. Solor or race  6. (a) Singlet Americal, widewed, or divorced  MEDICAL CERTIFICATION  20. DATE OF DEATH  21. JOERTIFY that death (course on the date above "Strict," that I attended deceased from 18. 16. 19. 19. 16. 19. 19. 16. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
3. (d) FULL NAME  4. Set S. Doler or race B. (o) Singly harded, widowed, or diverced MEDICAL CERTIFICATION  W 20. DATE OF DEATH  21. I CERTIFY that death focurind on the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; that I statemed deceased from the date above states; th	Now long in hospital or institution?	
4. Sez S. Color or race G. Co) Singley Invaried, widowed, or diverced  MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I CERTIFY that death occurred on the date above refrest; that I attended deceased from 19 to		
6.(a) Name of husband or wife.  8.(b) Name of husband or wife.  8.(c) It alive, give age.  9. 1. I CERTIFY that death scoursed on the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date above states, that I attended doceased from the date	3. (a) FULL NAME	
8. (b) Name of husband or wife.  8. (c) If all we, give age years deceased (no., 497, yr.)  When the following is age is age in the fact of deceased (no., 497, yr.)  8. AGE: Years Months Days It less than one day  In the fact of deceased (no., 497, yr.)  Birthplace Con Lawre (Town, country, and state)  10. Usual occupation.  11. Industry or business  12. Name One of the fact	arthur J. Bayles	none
8. (6) Name of husband or wife.  8. (6) If alive, give age.  9. Birth date of deceased (no., day, yr.)  8. AGE: Years Months  9. Birthplace  10. Usual occupation.  11. Industry or business  11. Name  12. Name  13. Birthplace  14. Malden name  15. Informant  16. Informant  16. Informant  17. Birthplace  17. Birthplace  18. Informant  19. Industry or business  19. Industry or business  11. Informant  12. Informant  13. Birthplace  14. Malden name  15. Informant  16. Informant  17. Duricl  18. Therefore of company within 3 months of death)  19. Industry or business  10. Usual occupation.  10. Usual occupation.  11. Information  12. Informant  13. Birthplace  14. Malden name  15. Informant  16. Informant  17. Puricl  18. Fineral director  18. Funeral director  19. Signature  20. Include pregnancy within 3 months of death)  19. Industry or business  19. Industry or bus	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8. (b) Name of husband or wife.  7. Birth date of deceased (no., day, yr.)  8. AGE: Years Months Days If less than one day  Town, country, and state)  10. Usual occupation.  11. Industry or business  12. Name and that I last saw h align on DURATION  Due to.  11. Industry or business  12. Name and that I last saw h align on DURATION  Due to.  13. Birthplace Town, country, and state)  14. Maiden name Alelens Township (Include pregnancy within 8 months of death.)  Major findings of operations.  Matross Valuation Date thereof. (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Location of the date above stated; that I attended deceased from  19. 10. 19.  10. 19.  10. 19.  11. Industry or business  (Include pregnancy within 8 months of death.)  Major findings of operations.  Physician, remarkin, or removal. Wighth (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (agy) (year)  Commetery or cremptory. Many and state (mooth) (mooth) (agy) (year)  Comm	M W Single	20 DITT OF DESTINE SPACE - 17 ch wall 12 Hora
T. Birth date of deceased (mo. 43y, yr.)  S. AGE: Years Months Days It less than one day  T. Dirth date of deceased (mo. 43y, yr.)  S. AGE: Years Months Days It less than one day  T. T. Dirth date of deceased (mo. 43y, yr.)  S. Birthplace AGE of Comments of the comment of the		
7. Birth date of deceased (mo. day, yr.)  North North County, and state)  9. Birthplace Personal (Town, county, and state)  10. Usual occupation County of business  11. Industry of business  12. Name Personal County Cou	6.(6) Name of husband or wife	
S. AGE: Vears   Months   Days   It less than one day		
8. AGE: Years Months Days If less than one day    Industry   Country, and state)   Due to.	7. Birth date of dev vr.) Unknown	and that I last saw h
9. Birthplace		Immediate cause of death DURATION
9. Birthplace	MM	
10. Usual occupation. I comments.  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Purish  (Burial, cremation, or removal. Which)  Cometery or crematory  Cometery or crematory  Location  18. Fungral director  Address	, , , , , , , , , , , , , , , , , , ,	
10. Usual occupation.  11. Industry or business    12. Name		Due to
12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Major fiadiugs of operations.  18. Informant  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	7	
Dither conditions  12. Name    12. Name     13. Birthplace	10. Usual occupation CT CANNOLO	Due to
13. Birthplace Drewlawred D. Y.  14. Maiden name adelence menor  15. Birthplace D. Y.  16. Informant Care of p.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; (mouth) (dgy) (year)  Cemetery or crematory.  Cemetery or crematory.  Location D. Location C. Location C. Location D. J. Location D. Location D. J. Location D. Location D. J. Location D. Location D. Location D. Location D. J. Location D. Locatio	11. Industry or business	
13. Birthplace Drewlawred D. Y.  14. Maiden name adelence menor  15. Birthplace D. Y.  16. Informant Care of p.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; (mouth) (dgy) (year)  Cemetery or crematory.  Cemetery or crematory.  Location D. Location C. Location C. Location D. J. Location D. Location D. J. Location D. Location D. J. Location D. Location D. Location D. Location D. J. Location D. Locatio	12 Name Orlando Bayxo.	Other conditions The Company
14. Malden name	\$ 13. Birthplace Trendams of D m. y	
Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	El adelena missali	(Include pregnancy within 3 months of death)
Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	14. malden name	Major findings of operations.
Address Dalesburg Told .  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	15. Birthplace	Date of op.
Address Walesbury  17 Courie  18 Eureal director  Address  19 1946  22 VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	16. Informant Clarente Buyles	Autopsy results
Date thereof (mouth) (day) (year)  Cemetery or cremation, or removal. Whicht)  Location of the control of the c	Address Dalishara, July.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which!)  Cemetery or crematory. Number of Country  Location of Country  Location of Country  Location of Country  Means of Injury  Address  Address  Means of Injury  Means of Injury  Means of Injury  M. D. or other	Maries Scarce and January	22. VIOLENCE: If death was due to external causes, fill in the following;
Cemetery or crematory. Aunt gator Cemetery  Location of untergotoro. The gator of the control of	(Burial cremation or removal Whicht)  Date thereof (month) (day (year)	Accident, suicide, or homicide
Location of uniterators of Injured et home, farm, industry, public place (where?)  18. Funeral director of arriges to a shell of Means of Injury Injured at work?  Address Pricess arrige of the state o	1-10-1	Where did Injury occur?
18. Funeral director. Charles Dashell Means of Injury Injured at work?  Address Princess anger ma.  19. Jan 19. 1946 J. N. Jahnson M. J. H. J. M. D. or other M. D. or othe	Cemetery or crematory	
Address Pruceso ange ma.  18. Fineral director.  Address Pruceso ange ma.  18. Fineral director.  19. Jane 19. 196 P. H. Johnson M. D. or other also also also also also also also also	Location I unlington	
Address Pruceso anne ma.  19 Jan 19 146 R. N. Johnson M. D. SIGNATURE Thereis M. D. or other 410 46	18. Funeral director Charles Washell.	Means of Injury Injured at work?
19 Jan 19 146 R. N. Johnson M. D. SIGNATURE M. D. or other	Do mal	01 11
19.4 all 19. 19. 19. 19. 19. 19. ( J. 17)	Address I week white	728. SIGNATURE T. MINICA
(Date rec'd by registrar) Late signed Registrar Addres Date signed	19 Van. 19 16 N. W. Johnson M.	M. D. or other
	(Date rec'd by registrar) for g d Registrar	Address Date signed Date signed



VS A15 9.45-12

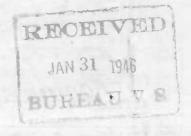
		1	_ /	1
	1	1	X	/
1	1	A	9	
1			4	
-		/	100	
			0	

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195 d)

### CERTIFICATE OF DEATH

I. PLACE OF DEATH	bmerset	5	(For newborn infants give residence of mother)			
Crisfield Crisfield			***************************************	State Md. Somerset		
			URAL and give nearest town)	Crisfield  City or town		
How leng in above place of a Hospital, institution, or stre						
				Street Mo. Direct No. (If rural, give LOCATION)		
How long in hospital or the	stitution?		***************************************	2.(a) It veteran, name warnone		
3. (a) FULL NAME	(	Shirle	y D. Chelton	3. (b) Social Security Number		
	. Color or race		. married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	e white	9 5	single	2D. DATE OF DEATH. 27. 10 46 , 21. 4. 304	P. M	
6.(b) Name of husband or 1	wite	none		21. I CERTIFY that death occurred on the date above stated; that I allended decessed from		
		6.(0	) It alive, give ageyears	19.46 10 22 19.4		
7, Birth date of deceased (mo., day, yr.)	cantam			and that I last saw h. Lt. alive on	Sa	
8. AGE: Years	Months	Days	It less than one day	Immediate cause af death	1	
1	4	18	hrs min.	Supposer ; ascidental. 1hr.		
R	altimor	e Ma		Cuso		
9. Birthpiace	(Town,	county, and s	tate)	Due to Command to the state of		
1D. Usual occupation				accidental sufforation, due to mut in brown	,	
11. Industry or business		none		Due to	• • • • • • • •	
	mhomale		helton	Diher conditions.		
12. Name			d . lid .			
			lloway	(Incinde pregnancy within 3 months of death)		
14. Malden name		field		Major fiadings of operations	******	
≥ 15. Birthplace				Date of op.	••••••	
18. informant			helton	Autopsy results	******	
Address	Crisfi	eld,			_	
17. Burial (Burial, cremation, or	removal, Which?	Date there	1/29/46 Cenmenth (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or hemicide. Occident. Date of annuary. 27a. 1943	4a	
Cemetery or crematory			Camarar	Where did injury occur?		
Cr	isfield	Ma.		Injured at home, farm, Industry, public place (where?)		
			pard	Mesns of injury Injured at work?		
18. Funerat director	506 Mai	n St.	, Crisfield, Mo			
Address		00 1		23. SIGNATURE S. m. Peyten b. D. M. D. or other		
10 1/28/4	-6,0 E	0666	ellerom. D.	M. D. or other	1 - 1	
19. (Date rec'd by regist	trar)	****	Registrar	Address Date signed 24	174	



# MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore Bin

00:884

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
County	State Maryland County Somerset		
City or town	DIIDAT Word on		
How long In above place of dealh? 60 years	(If outside city or town limits, write RURAL and give nearest town)		
How long in above place of dealir.  Nospital, institution, or street address where death occurred:			
	Street No		
How long In hospital or institution?	2.(a) it veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
	5. (b) Social Security Number		
Drucilla Hester Collins			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH. DELLE J. 18 46 , 81 9 15 P M		
6.(b) Name of husband or wife Edgar Tesley Collins	21. LCERTIFY that death occurred on the date above stated; that attended deceased from		
	Oct 1 1945 to see 17 1946		
7. Birth date of	and that I last saw h ac alive on Access 1 19.46		
deceased (mo., day, yr.) November 29, UN about 1873	Immediate cause of death DURATION		
8. AGE: Years   Months   Days   It less than ono day	aren Del 7 del / cereb.		
72 1 18hrsmin.			
	Due Chena Deef respectly		
9. 8irihplace			
1D. Usual occupation House wife	flower the grandelle Rab		
	Due to.		
11. Industry or business	June Calles Deleney		
	Dither conditions		
13. Birthplace Dames Quarter, Maryland	(Include pregnancy within 3 months of death)		
置 14. Malden name Mary Jane Wallace	Major fiadings of operations		
15. Birthplace Dames Quarter, Maryland	Date of op.		
16. Intermani Clarence S. Bonneville	Autopsy results.		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Marion, Maryland	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
Burial Date thereof Jan. 20, 1946 (month) (day) (year)	Accident, suicide, or homicide		
(Burisl, cremation, or removal, Which?) (month) (day) (year)			
Cemetery or cremato Private, Bonneville Farm	Where did injury occur?(City or town) (County) (State)		
Location Marion, Maryland	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director H. Harvey Bradshaw	Means of Injury Injured at work?		
Criefield Maryland	8		
	23. SIGNATURE Quen Calloun 2020		
13 Jan 23 18 46 Jana Milaon	M. D. of other		
(Date rec'd by registrar) Registrar	Address Maseri Oto Mes Date signer Tell / 846		

BURLAU V.B.

· Control of the control of the second

2411 N. Charles St., Baltimore (3)

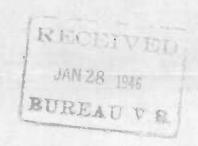
### CERTIFICATE OF DEATH

00885 Reg. Dist. No. 960

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Disk County James att
City or town (If outside city or town limits, write RURAL and give-nearest town)	"   A . 20 A
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
annie Vallman	no
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Semale a.a. manua	20, DATE OF DEATH STATE 26 19.46 at 4 Pa M
Jal Verllander	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
B.(b) Name of husband or wife Asia Asia Asia Asia Asia Asia Asia Asia	19
7. Birth date of	and that last saw h
deceased (mo., day, fr.) aleast 1892/	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Corpure of stull
Eleast 51m	in. & Maris
3. Birthpiace Off resultand mid	Due to
(Town, county, and state)	Primary in skin of forehead.
10. Usual occupation Jackson Ballfully	Due to Devatini not known Cever
11. Industry or business Sames Ces alrane	
12. Hame Blandsmin Johnson	Other conditions
13. Birthpiace Ollen Omd	
	(Include pregnancy within 3 months of death)
14. Maiden name Dissability 15. Birthplace Landung	Major magnits of operations.
\$ 15. Birthpiace en landue	Bate of op.
16. Informan Planch Undlinder	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address tondens unne ma hol	
17 Bureal Date thereof Jon 28 1941	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. A. Manaladalfa.	Where did injury occur?
Location allan and	injured at home, farm, industry, public place (where?)
Va William	Means of Injury Injured at work?
18. Funeral director	I co o h
Address Spelenting mad	23. SIGNATURE W. Jangfrad 4. J
Jan 26 Ha / & d Johnson	mD (F) 6 7 k. D. or other
(Date rec'd by registrat)	rar Address Date signed Date Signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



lena transfer and

Registrar

Reg. Dia	it. No.
HOME) OF DECEASED:	
Vacanon	Ward No.
town limits, write RURAL NEA	R and give town)
(If rural give LOCATION)	

MEDICAL CERTIFICATION

the cause to which death should be charged statisti-22. VIOLENCE: If death was due to external causes, fill in the following;

PHYSICIAN

(State)

(County)

Injured at home, farm, industry, public place (where?).

Injured at work?

M. D. or other

(Date rec'd by registrar)

RECENTED JAN 8 1946 BUREAU V.B.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 934) CERTIFICATE OF DEATH

X4:

01043 Reg. Dist. No. 2650

1. PLACE OF DEATH: County Somerset				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)		
	Crisfield  (If outside city or fown limits, write RURAL and give nearest town) low long in above place of death? Lifetime		URAL and give nearest town)	state Maryland county Somerset City or town Crisfield		
How long in above plac Hospital, Institution, o	street address where	death occurred	lle Road	(If outside city or town limits, write RURAL and give nearest town)  Street No. Jacksonville Road  (If rural, give LOCATION)		
	r Institution?	**************		2.(a) If veteran, name war		
3. (a) FULL NAM		ENCE	EVANS	3. (b) Social Security Number None		
4. Sex	5. Color or race	6.(a)Single	a, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		Single	20. DAYE OF DEATH 19 36 , 11 1:45 P, M		
	or wife	6.(6	) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 7		
8. AGE: Years		Days 20	It less than one day	Immediate cause of death QURATION  Canter Tours of Carte 1		
to. Usual occupation.  11. Industry or busines  12. Name	Waterm Sea fo Dawson	an od Evan	omerset-Maryla	Due to Conditions Paragraphic March 1990		
	Clara	Ward	unty, Md.	(Include pregnancy within 8 months of death)  Major fludings of uperations.		
16, Informant	Mrs. M	aude	Tawes	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 17(Burial, cremstion	Burial , or removal. Which?)		Md. Rural of Jan 7, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or cremato	" Crisfi	eld Co	emetery	Where did injury occur?		
ts. Funeral director	Condon		Maryland on	Injured at home, farm, industry, public place (where?)		
Address		***************************************	Maryland	Son P. to my		
19. Jake rec'd by re	(gistrar) 19 /	Uga	the Thank	23. SIGNATURE S. M. D. or other  Address C		

PEROPIVED 24 1947 BURLAU VE 2-3-47 The the wife the water MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00887

### CERTIFICATE OF DEATH

eg. Dist. No. 265

1. PLACE OF DEATH: County Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	state Matyland county Somerset		
(If outside city or town limits, write RURAL and give nearest town)	Contactional		
How long in above place of death? 10 Months & 18 Days	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Sireet No. 330 Locust Street		
530 Locust Street	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
The second Problem had been	or (o) bound breatty ridings		
Eugenia Elizabeth Evans 4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	A MEDICAL CERTIFICATION		
	MEDICAL CERTIFICATION		
Female   Colored   Single	20. DATE OF DEATH AULICAN 19 19 46 at 20 300		
a da no a da aka da a a Ma	21. 1 CERTIFY that day occurred on the date averaged that attached deceased from		
6.(b) Name of husband or wife	was tried willy bast sour		
7. Dirth dato of	Lange as She was attelled by		
deceased (mo., day, yr.) March 1, 1945	Mr. Ch. Bay bolow Bo died		
8. AGE: Years   Months   Days   If less than one day	And a Company of the American Company of the Compan		
0 10 18hrsmin.	D. O Chill		
9. Birthplace Marion-Somerset-Maryland	2 ovor maurina		
(Town, county, and state)			
10, Usual occupation	alleto Con dia A matria		
11. Industry or business	Due 1		
	Dther conditions		
Wilbur J. Smith  12. Name Wilbur J. Smith  13. Birthplace Pocomoke City, Maryland	Water No.		
	(Include pregnancy within money of death)  Major findings of open death  MEDICAL EXAMINER  MEDICAL EXAMINER		
14. Maiden name Nellie Mae Evans 15. Birthplace Crisfield, Maryland	Major findings of open data MEDICAL BATTLE GOUNTY.		
Plnore Wolland	Autopsy results.  PHYSICIAN. Please producing the cause to which death should be charged statistically.		
TO. HINGSHELL	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 330 Locust St., Crisfield, Md	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Date thereof Jan 21, 1946 (month) (day) (year)	Accident, eulcide, or homicide		
Cemetery or crematory Lawsonia Colored Cemetery	Where did injury occur?		
Location Crisfield, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director H. Harvey Bradshaw	Means of Injury Injured at work?		
Address Crisfield, Maryland	your Alana and her		
16 1111 QRP. 10 1	23. SMATUR		
19. (Date rec'd by registrar) Registrar	Addres Orisfield Wo not Jan 20: 46		

3) 6

FEB 8 1946
BUREAU V.S.

& Checken M. K.

1/20 146

SA

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

00888 Reg. Diat. No. 270

### CERTIFICATE OF DEATH

	Rog. Diac. No. Walland		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infauts give residence of mother)		
County Somerset Crisfield	State Maryland County Somerset		
City or town	Crisfield		
How long in above place of death? 34 years	(If outside city or town limits, write RURAL and give uearest town)		
Hospital, institution, or street address where death occurred:	Street No. Rural des LOCATION		
McCready Memorial Hospital	(If rural, give LOCATION)		
How tong in hospital or Institution? 2 Weeks	2.(u) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Victoria Evans			
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH Jan. 5 1946 at 4/35Am		
William Lawson Evans	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from		
6.(0) Name of husband of wife	200 1 1945 to Jaco 5 1946		
7. Birth date ofyears	and that I last saw here alive on Seece 5		
deceased (mo., day, yr.) July 7, 1870	Immediate cause of death		
8. AGE: Years Months Days If less than one day	arecelo Ocel Del (went		
75 5 28hrsmin.	5) Heart		
9. Birthplac Kinsale - Westmorland - Maryland	Due jo		
(Town, county, and state)	Cerilia Houselege XDays		
10. Usual occupation House wife	Due fo		
11. Industry or business	Grand arties Rolein Heary		
Il 12 Name John L. Cole	Differ conditions		
John L. Cole 12. Name			
14. Maiden name Alice Douglas	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
15. Birthplace Westmorland County, Va.	Date of op.		
16. Informant Leonard Evans	Antopsy results.		
Address Crisfield, Maryland, RFD	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Buriel Jan. 7, 1946	22. VIOLENCE: If death was due to external causes, fill in the following;		
Bur 1al  (Burial, cremation, or removal, Which?)  Bate thereof Jan. 7. 1946  (mouth) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremator Sunny Ridge Cemetery	Where dld Injury occur?		
Location Crisfield, Maryland RFD	Injured at home, farm, Industry, public place (where?)		
18. Funeral director H. Harvey Bradshaw	Means of injury Injured at work?		
Address Crisfield, Maryland	8 10 11.		
1/2/1/ DBP (11) mh	23. SIGNATURE M. D. or other		
19. (Date rec'd by registrar) Registrar	AddresMarin Stone Date signed fow 7 46		



A15 9.45:1

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

### CERTIFICATE OF DEATH

00889 Reg. Dist. No. 270

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Somerset	State Mid County Samesal
City or town	
How long In above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. R 74 LO
mª heady mine Hosp	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Lengs & Mantery	none
4. Sex 5. Color or ce 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
male white Surgle	20. DATE DE DEATH James 18 19 46, of 10 72 M
6.(b) Name of husband or wife	21. I CERTIFY that death obcurred on the date above stated; that I attended deceased from
	Let 24, 19.44 to Jaccomy 18 18.45
7. Birth date of	and that I last saw halive on
	Immediate cause of death
8. AGE: Years Months Days If less than one day	Confermal 2 mg
57 10 17min.	
Wienusca la	Que to.
9. Birthplace (Town, county, and state)	B4G 14
10. Usual occupation Postmaster	
	Due to
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Colla Tyle	
15. Birthplace md	Major findings of operations.
	Date of op.
16. Informant hella letad	Antopsy results
Address RT 10 Cropped	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the following:
17. Gurial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Messacks m. &	Where did injury occur?
Location Wittinger am, Wiconices Co. M.	mjuled at home, farm, industry, public place (where?)
18. Funeral director adolesce D 14 delalad	Means of Injury Injured at work?
	/ / /
Address Crustile O DOC	23. SIGNATURE Sarah M. Partzn M. J
1/21/46 (0 6 Co Co Cour Mil)	M. D. or other
(Date rec'd by registrar)	Address Cristal had Date signed Jan 2017

JAN 31 1946 BUREAU V E

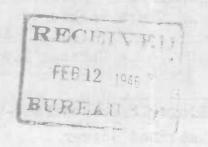
Marine CE PERENCE W. W. J.

### 2411 N. Charles St., Baltimore (932)

00890 Reg. Dist. No. 270

				-
CERTIF	CATE	OF	DE.	ATH

The state of the s	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Somerset	State Maryland County Somerset
Crisfield (If outside city or town limits, write RURAL and give nearest town)	Owinfinia
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. 648 Braod Street
McCready Memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution? 5 weeks & 4 days	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Irvin Lankford	214-03-7568
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married	20. DATE OF DEATH. 21 19.44 at 16.30 A. N
6.(b) Namo of husband or wife Clara Lankford	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7.L 19.45 10 \ 19.46
7. Birth dale of deceased (mo., day, yr.) Mo. & Da. Unknown 1899	and that I last saw h. Name slive on
8. AGE: Years   Months   Oays   It less than one day	Immediate cause of death
O. INGE.	Clame by occality 2 yo
47 ? ?hrsmin.	
9. Birthplace Kings Creek-Somerset-Marylan (Town, county, and state)	Que to
10. Usual occupation Sea Food Norker	
11. Industry or businessCrabs & Oysters	Due to
	Other conditions
	(Include pregnancy within 3 months of deuth)
14. Maiden name Georgiana Tilghman  15. Birthplace Princess Anne, Maryland	Major findings of operations
15. Birthplace Princess Anne, Maryland	Oate of op.
16. Informant Noah Lankford	Autopsy results
Address Port Norris, New Jersey	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?)  Date thereof Jan. 24, 1946 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremator Lawsonia Colored Cemetery	Where did injury occur?
Location Crisfield, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director H. Harvey Bradshaw	Means of Injury Injured at work?
Address Crisfield, Maryland	23. SIGNATURE 5. M. Penton In- J
19 1/24/4 6 6 E Ealing Dr. 18	M. D. or other
19. Co Co Collisio D. C.	Istano Cristald and Bata street bear the



2411 N. Charles St., Baltimore 934

### CERTIFICATE OF DEATH

		26	1
 Dist	Na	0	

			100, 200, 100, 100, 100, 100, 100, 100,
1. PLACE OF DI			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
		<u>t</u>	State Maryland County Somerset
City or fown	Marion	mits, write RURAL and give nearest town)	State Wall y La Munity Double A Revenue
How long in above place	e of death? Life	time	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, o	r street address where	death occurred:	Street No.
101			(If rural, give LOCATION)
How long in hospital	or Institution?		2.(a) If veteran, name war
3. (a) FULL NAM	IE		3.(b) Social Security Number
	Paul Wi	lliam Marshall	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	Married	20. DATE OF DEATH A
0.013 House of books and	Bert	ha Marshall	21 I CERTIFY that death occurred on the date above stated; that I attended deceased from
			15 15 17 46
7. Birth date of			and that I last saw had alive on local 16 1946
deceased (mo., day,		. 1885	Immediate cause of death DURATION
8. AGE: Year	rs Months	Days If less than one day	acut Dee year
60	0 6	15hrsmin.	
9. Birthplace RU	RAL, Mari	on-Somerset-Marylan county, and state)	a Due to Selection 2 molutes 2 muls
	House pa		Due to Clusic Range Deles
	John Mar		
<b>用</b>			Other conditions
		County, Maryland	(Include pregnancy within 8 months of death)
14. Malden name	Martha C	annon	Major findings of operations.
2 15. Birthplace	Somerset	County, Maryland	Date of op.
16. Informant	Mrs. Ber	tha Marshall	Autopsy results.
		Maryland	PHYSICIAN: Please naderline the cause to which death should be charged statistically.
Address			22. VIOLENCE: If death was due to external causes, fill in the following:
17(Burial gramatic	Burial on, or removal. Which?	Date thereof Jan . 26, 1946 (month) (day) (year)	Accident, suicide, or homicide
		s Cemetery	Where did injury occur?
	DITDAT M	arton, Maryland	(City or town) (Connty) (State)
Location			Injured at nome, tarm, industry, public place (where?)  Means of injury injured at work?
1B. Funeral director		y Bradshaw	means of titler?
Address	Crisfiel	d, Maryland	23 SIGNATURE DELLES DOSSILISME TON
el,	46	Lung mleon	23. SIGNATURE M. D. or other
(Pate rec'd by r	egistrar)	Registrar	Addres Muran sto mo Date signed Que & St.

FEU 2 1946

2411 N. Charles St., Baltimore Bil

### CERTIFICATE OF DEATH

00032 ev. Diat. No. 265

1. PLACE OF DEATH:  County		d nits, write RURAL and give nearest town) ears leath occurred: & Potomac Sts.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)  State		
	Edith We	st Matthews			
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	Widowed	2D, DATE DF DEATH 2 1946 at 10 1: M		
6.(b) Name of husband	or wife. Harry	H. Matthews	21. I CERTIFY that depth occurred on the date above stated; that I attended deceased from		
			and that I last saw h Lize alive on Doc 15 19 44		
7. Birth date of deceased (mo., day, y	AprilAl.	1869	Immediate cause of death DURATION		
8. AGE: Years	Months	Days If less than one day	Garbe Went to		
76	9	14min.			
	(Town, c	x County-Delaware	Due to.		
1D. Usual occupation	House wi	fe	Busto Carteria de la caria 2		
11. Industry or business			DUE 10		
12. Name	James D.	West	Other conditions		
13. Birthplace	Roxana.	Delaware	(Include pregnancy within 3 months of death)		
至 14. Malden name	Anna Wes	t	(Include pregnancy within 3 months of death)  Major findings of operations		
15. Birthplace	Suxxex C	ounty, Delaware	Major hadings of operations.  Date of op.		
16. Informant	Wolter H	· Matthews	Antensy results		
Address		d. Penna.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	Burial or removal. Which?)	Date thereof Jan. 18, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
		dge Cemetery	Where did injury occur?		
Location	RURAL. C	risfield, Maryland	Injured at home, farm, industry, public place (where?)		
		y Bradshaw	Meens of injury injured at work?		
Address		d. Maryland			
19. (Date rec'd by re	46 1	E Callerson B. Registrar	23. SIGNATURE Date signed Am 18, 1846		

JAN 31 1946 BUREAU

. Date of the date

and the state of t

VS ATS

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

### CERTIFICATE OF DEATH

00893262/ Rog. Diat. No. 2262/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Smell	(For newborn infants give residence of mother) State Many County
City or town (1f outside city or town lingts, write RURAL and give nearest town)	
(If outside city or town impts, write KURAL and give nearest town)	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Hospital, institution, or street address where death occurred:	(If outside city or town limits, write KOKAL and give nearest town)
	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Till Mills	
4. Sex   5. Color or ace   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m Cal Bog -	
1/L lat 1209	20. DATE OF DEATH 21 1946, at 6 A M
m (h) Nama ad bankand an mida	21. I CERTIFY that weath occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	
7, Birth date of years	and that I last saw halive on19
deceased (mo., day, yr.) Jan 21-1946	
8. AGE: Years (Months Days If less than one day	Immediate cause of death DURATION DURATION
3 hrs. 3 min.	0 4
Overmoke RFD HI	boby only fum a startime
9. Birthplace (Town, county, and state)	Due to Matter than also S. T.S-
Rol	***************************************
10. Usual occupation.	Due to
11. Industry or business	
12. Name. Closso Mulls 13. Birthplace Maryland	Other conditions
\\ \bar{\bar{\bar{\bar{\bar{\bar{\bar{	
	(Include pregnancy within 8 months of death)
14. Maiden name May hurfur 15. Birthplace Maylur	Major fiadiugs of operations
2 15. Birthplace Marylun	Date of op.
mara milla	
18. Informant	Autopsy results
Address Vironote PCFD.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Bureal Date thereof kin 211946.	
(Burial, cremation, or removed Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cramatory Shrist M. E. Cemelery.	Where did injury occur?
Location Pocomoke Cety Ind KKI	Injured at home, farm, Industry, public place (where?)
Location Coco y 1000 Cety Market	Means of Injury Injured at work?
18. Funeral director. Longo Spales.	magne or injury injures at work!
Address Pormutto City, Incl Rk	CAHO WACHA
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE M. D. or other
19 km 21 1946 Mrs Clauton Ware	War - Carlo
(Pate rec'd by registrar) Registrar	Address Vilvai Cline md Date signed for 21-46



2411 N. Charles St., Baltimore 75-0

# CERTIFICATE OF DEATH



1. PLACE OF DE	Camanaat			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the second	F DECEASED:
County	A	a	***************************************	state Maryland Cou	
City or fown(If	Crisfiel outside city or town lin	nits, write	RURAL and give nearest town)	6refaffeld	
How long in above place	of death? 40 ye	ars		(If outside city or town limits	, write RURAL and give nearest town)
Hospital, Institution, or	street address where d	eath occurre	d:	Street No. Mariners R	oad
				(if rural, give	LOCATION)
How long in hospital or		***************************************		2.(a) If veteran, name war	
3. (a) FULL NAM	E				3. (b) Social Security Number
	Frank Mo	rgan			
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	/ MEDICAL CE	ERTIFICATION 46
Male	White		Widowed	20. DATE OF DEATH Lalling	2 4630
	Anna	Bell	Jefferson	21. I CERTIFY that geath occurred on the date also	vestated; that I attended deceased from
1/020000				AT V A	D-10 1 08
Morgan 7. Birth date of		6. (	c) If alive, give ageyears	and that test saw all the saw	new two solf
deceased (mo., day, )			25, 1855	Immediate cause of death	OURATION
8. AGE: Years	Months	Days	If less than one day	(0)	No
90	0	7	hrsmin.	Organie	JEan
0 Ricthniaco	Shelltow	n-Son	merset-Maryland	Due to 10	
э. <b>ы</b> н ш <b>ыш</b> сс	(Town, c	ounty, and	state)	palose	
10. Usual occupation	Waterman		***************************************	Due to	
11. Industry or busines	Oysterma	n			1 Occuseon
当 12. Name	Thomas M	orga	A	Other conditions W.s.	
13. Birthplace	England			william by	
	Harriet	Darb	У	Other conditions William  (I Dispute grants within 3.0  Major findings of Contings.  Antony results	nonths of death)
E 15. Birthplace			Accomac. Va.	Major findings of Parties SOMERSET  Antopsy results PHYSICIAN: Please nuderline the cause to wh	L By Date of on: D
16. Informant			1	Antonsy results	COLINIAMINED
Address			Crisfield . Md.	PHYSICIAN: Please nuderline the cause to wh	ich death aliquid liergharged statistically.
				22. VIOLENCE: If death was due to external cau	ses, fill in the following:
(Burial, cremation	Burial or removal. Which?)	Date the	eof Jan. 4, 1946 (month) (day) (year)	Accident, suicide, or homicide	Date of
	sbury C			Where did injury occur?(City or town)	(County) (State)
Location	Crisfiel	d, M	aryland RFD	Injured at home, farm, industry, public place (wh	nere?)
18. Funeral director	H. Harve	y Br	adshaw	Myone & Injury	Injured at work?
Address	Crisfiel			D. Way	and hours
1/3/11	6	0,81	2000 Cuchnik	23. SUMATURS	M.D. oropiets
19. (Date rec'd by re	gistrar)	J. W	Registrar	Address Makel	Monte stream 44

VS A15



2411 N. Charles St., Baltimore 514

# CERTIFICATE OF DEATH

00895

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Somerset Crisfield	State Maryland County Some ase t
(If outside city or town limits, write RURAL and give nearest town)	0 1 01 7 7
fow long in above place of dealer 86 yrs. 11mo. 17da.	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street eddress where death occurred:	Street No. 238 Somerset Avenue
	(If rural, give LOCATION)
tow long in hospital or institution?	2.(a) If veteran, name war None
3. (a) FULL NAME	3. (b) Social Security Number
G. Thomas Nelson	None
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH Sauce 17 19 46 , at 430 A
S.(b) Name of husband or wife Annie Nelson	2 CERTIFY that dealh occurred on the dale above stated; that taltended deceased from
B.(b) Name of husband or wife	Jan 1943 19 Jan 17 1946
7. Birih dale of	and that I last saw harmalive on Jacony 16 1976
deceased (mo., day, yr.) January 30, 1859	Immediate cause of death OURATION
8. AGE: Years   Months   Days   If less than one day	aseria and Do yet! Inthe
86 11 17hrsmin.	
B. Birthplace RURAL, Crisfield-Somerset-Md.	Due to Cardanies Comessiones
10. Usual occupation Waterman	Duale Company of Bustile
11. Industry or business Captain. Oyster boats	DUC 10
E 12 Name Benjamin Nelson	Other conditions
13. Birthplace Onancock, Virginia	
14. Maiden name Nancy Susan Eyans	(Include pregnancy within 3 months of death)
	Major findings of operations
2 15. Birthplace RURAL, Crisfield, Md.	Date of op.
16. Informant Miss Nellie Nelson	Autopay results.
Address 238 Somerset Ave., Crisfield.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Wbich?) (month) (day) (yenr)	Accident, suicide, or homicide
Cemetery or cremateSt. Pepers Cemetery	Where did injury occur?
Location RURAL, Crisfield, Maryland	tnjured at home, farm, Industry, public place (where?)
18. Funeral director. H. Harvey Bradshaw	Means of Injury tnjured at work?
Address Crisfield, Maryland	20 SIGNATURE Duringe Q On Collinson 740 8
1/0/1/6 · fo & foolly and	M. D. or other
19. (Dato rec'd by registrar) Registrar	Address Dausani Stone Oate signed u 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

JAN 31 1946
BUREAU V

. Then dry and as public then the risk

The correct age

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. To is especially important. Physicians: please write the causes of death clearly and legil

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83.0

## CERTIFICATE OF DEATH

(1(1896) Reg. Dist. No. 268

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Sparackset	(For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	State To any land county Somerset		
How long in above place of death?	(If outside city or town fimits, write RURAL and give nearest town)		
Hospilal, Institution, or street address where death occurred:	Sireet No		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Charles Edward Pinide	3. (b) Social Security Number		
Charles Columns Ima			
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Col Morried	20. DATE OF DEATH SOMEONY 254 1945 31 9. 406 M		
6.(b) Name of husband or wife Sarah Pinidett	21. I CERTIFY that dealh occurred on the date above stated; that I attended deceased from		
	Tan 25" 1946, 10 Taus: 25 1946		
7. Birth date of	and that I last saw h. koop alive on Jan 2500 1941 5		
deceased (mo., day, yr.) - uly 6, 1889	Immediate cause of death		
8. AGE: Years Months Days It less than one day	, ————————————————————————————————————		
56 7 19hrsmin.	Corebral Haemorrhage, 12 hrs		
9. Birthplace Baltimore City Mo.	Due to.		
(Town, county, and state)			
10. Usual occupation Dalacot	Due to		
11. Industry or business Oyster Goodustry			
# 12 Name Charles Pinidett	Diher conditions.		
13. Birthplace Sqlisbury rond.			
	(Include pregnancy within 3 months of death)		
19. maiden name	Major findings of operations.		
\$ 15. Birthplace Olygona			
16. Informant & grah Cilinid ett	Antopsy results		
Address Chance Ima,	PHYSICIAN: Flease underline the cause to which death should be charged statistically.		
0:0	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?)  Bate thereof (month) (day) (yetr)	Actident, suicide, or homicide		
Cemetery or crematory Chance MIE	Where did injury occur?		
Phanes Smar Da D	Injured at home, farm, industry, public place (where?)		
Location Manual Tung Land	Means of Injury Injured at work?		
18. Funcral director Cagon Inomas			
Address / Accomac Virginia	23, SIGHATURE GODAL G. Marsonas		
" Dames 28 " Ule Roma Webster	M. D. or other		
19. (Pate rec'd by #gistrar)  Registrar	Address 1 - m coss A man long Bate signed 1. 26.46		

MATERIA DE TRANSPORTE DE PRATTU MUNICIPAL DE LA CASTA DEL CASTA DE LA CASTA DE LA CASTA DEL CASTA DE LA CASTA DEL CASTA DE LA CASTA DEL CASTA DE LA CASTA DEL CASTA DE LA CAST

RECEIVED
JAN 31 1946
BUBLAC V S.

2411 N. Charles St., Baltimore 55-8/

# CERTIFICATE OF DEATH

HADOO

1110	30	268	1
Re	eg. Dist.	No.	

M. D. or oth

146

1. PLACE OF DEATH: information carefully. The conformation carefully. County Someral (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: How long in hospital or institution?.. 3. (a) FULL NAME 4. Sex ADING INK. Supply every item of Physicians: please write the causes W marrie 6.(b) Name of husband or wife. B.(c) If alive, give age 5 2 7. Birth date of deceased (mo., day, yr.) If less than one day Months Days 8. AGE: Years 50 ....hrs. (Town, county, and state) 1B. Usual occupation. 11. Industry or business PLEASE WRITE PLAINLY, WITH UNF is especially important. 13. Birthplace 14. Malden na 15. Birthplace WITH 14. Malden name Address 17. (Burial, cremation, or removai. Which?) 18. Funeral director Address (Date rec'd by registrar)

State Mary and county Lowerset.
and Islandia ma
City of 10Mil.
(If outside city or town illmits, write RURAL and give nearest t
Street No
2.(a) If veteran, name war
3. (b) Social Security Numb
nove
MEDICAL CERTIFICATION
20, DATE OF DEATH Jan 1946, 21
21. I CERTIFY that death occurred on the date above stated; that I attended deceased for
19, 10
and that I last saw hally
Immediate cause of death
Com tel mani
Drimory site: Zenknown & COP.
Due to Duration : Zenknownía
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statis-
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur?
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

MARGIN RESERVED FOR BINDING

correct age

Registrar

23. SIGNATURE I Junely

JAN 17 1946

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

111897 Reg. Dist. No. 270

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Antastol à	state Maryland county Somerset			
City or town (If outside city or town limits, write RURAL and give nearest town)	Contraction 2			
How long in above place of death 46 yrs. 1 mo. 18 da.	City or town (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street No. 16 Potomac Street			
How long in hospital or institution? 3 days	(II Fural, give LOCATION)			
3. (a) FULL NAME	2.(a) If veteran, name war.			
	3. (b) Social Security Number			
Madeline Stephens 4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced	The state of the s			
	MEDICAL CERTIFICATION			
Female White Married	20. DATE OF DEATH. 216:45 A:M			
6.(b) Name of husband or wife James Stephens	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
	3 1946			
7. Birth date of deceased (mo., day, yr.) November 15, 1899	and that I last saw h			
8. AGE: Years Months Days If less than one day	Immediate cause of death			
46 1 18hrsmin.	2 Town 7day			
9. Birthplace Lawsonia-Somerset-Maryland (Town, county, and state)	Due to 7das			
(Town, county, and state)	Y ()			
10. Usual occupation. House wife	Due to			
11, Industry or business				
Abraham Nelson  12. Name Abraham Nelson  13. Birthplace Crisfeeld, Maryland	Other conditions			
	(Include pregnancy within 3 months of death)			
14. Maiden name Sarah Elizabeth Nelson 15. Birthplace Crisfield, Maryland	Major findings of operations			
15. Birthplace Crisfield, Maryland	Date of op.			
is Informani Osborn Nelson	Antonsy results.			
Address Crisfield, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: If death was due to external causes, fill in the following;			
Burial  (Burial, cremation, or removal. Which?)  But thereof Jan. 6, 1946  (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or cremator Sunny Ridge Cemetery	Where did Injury occur?			
Location Crisfield, Maryland # RFD	Injured at home, farm, industry, public place (where?)			
18. Funeral director H. Harvey Bradshaw	Means of Injury Injured at work?			
Address Crisfield, Maryland	S. 1. B 1. 1. A			
111/11/6 PEF. CO. DA A	23. SIGNATURE M. D. or other			
19. / 19. 19. C C C C C C Registrar)  (Date rec'd by registrar)  Registrar	Address Ca - Lad Not Date signed So 6/71			



. The state of the

Eleka make

2411 N. Charles St., Baltimore 1670

### CEDTIFICATE OF DEATH

00899

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town mits, write RUKAL and give nearest town)  How long in above place of dealh?  Hospital, Instilution, or street address where death occurred	State County County City or town (If outside city or town limits, write RURAL ond give nearest town)  Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Body Boy Sterling	3. (b) Social Security Number
4. Sex   S. Color or race   6.(a)Single married, widowed, or divorced	MEDICAL CERTIFICATION
male White Sungle	20. DATE OF DEATH Jamana 23 19 46, at 920 M
6,(b) Name of husband or wife	21. I CERTIFY that death ordurred on the date above stated; that attended deceased from
7. Birth late of deceased (mo., day, yr.)	and that 1 Just saw h LAAA alive on
8. AGE: Years Mochs Days tf less than one day	Immediate caose of death DURATION  DURATION  DURATION
9. Birthplace	Due to
11. Industry or business	Due to
12. Name Ernest Pusey 13. Birthplace Poromoke, MR.	Other conditions
14. Malden name Beruca & Starleig  15. Birthplace Inspector	(Iociude pregnancy within 3 months of death)  Major fiedings ol operations.
the second	Date of op.
Address R 3 N Custul S	Actopsy results PHYSICIAN: Ptease underline the cause to which death should be charged statistically.
17. Bural Date thereof (Month) (Qhy) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Cusqueo	Injured at home, farm, Industry, public place (where?)
18. Funeral director Howard II IIII	Means of Injury Injured at work?
Address 366 Mais St. Inaluga Dr.	Solean 1 Solawal Ra.
19. 1/2 4/4 9 6 E Calling M. Registrar	Address Oktoberd M. D. prother  Address Oktoberd Med Baie signed, puts 2 7 /46

VFADING INK. Supply every item of information carefully. The co.t. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH ENF is especially important.

VS A15

FEB 8 1946
BUREAU V 6

146 CElalia Pas

Table 10, 50 DES TREES

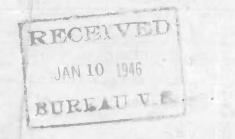
265

Somerset

Dist. No. 265-

				TE OF DEATH	Reg. I
1. PLACE OF DEATH:  County		2. USUAL RESIDENCE (HOME) OF DECEAS (For newborn infants give residence of mother)  State			
3. (a) FULL NAM	Samue				3. (b) Soc
4. Sex	5. Color or race	6.(a) Single, married	, widowed, or divorced	MEDICAL	CERTIFICA
male	white	marri	ed	20. DATE OF DEATH January	5,
74	or wife Emma	F. Sterl 	ing , give age 53 yea	21. I CERTIFY that death occurred on the date	19.46 10 C
8. AGE: Year 62		Days if les	sa than one day hrs mir	angus	
9. Birthplace	Guard Suard South Chas I George F	D.Briddel R. Sterli Pisfield,		Oue to	
15. Birthplace	Cri	sfield,		Major findings of operations.	Da
Address Buria	RFD Cri	sfield, Date thereof	8 1/8/45 (month) (day) (year)	PHYSICIAN: Please anderline the cause to 22. VIOLENCE: If death was due to externa Accident, suicide, or homicide	o which death shor
Location	Crisfiel	d, IId.		Injured at home, farm, Industry, public place	
		St., Cris	field, Md.	23. SIGNATURE & E Le	alli

	write RURAL and give nearest town)
Street No. (If rural, give I	RFD
2.(a) If veteran, name war	
2.(a) If veteran, name war	
	3. (b) Social Security Number 217-12-4370
MEDICAL CE	RTIFICATION
2D. DATE OF DEATH January 5	1146 112 30F
21. I CERTIFY that death occurred on the date abov	e stated; that I gitended deceased from
Jan 3 19.4	16 10 Jun 5 19 46
and that I last saw halive on	46,10 Jr 5 1946
Immediate cause of death	OURATION
(1	11
0,	cloris 15-minte
Oue to	15- minte
Oue to	
Other conditions	
(Include pregnancy within 3 m	ontha of death)
	Date of op
Antonsy results	······
PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.
22. VIOLENCE: If death was due to external caus	
Accident, suicide, or homicide	Oate of
Where did injury occur?(City or town)	
Injured at home, farm, Industry, public place wh	ere?)
Meane of Injury	Injured at work?
23. SIGNATURE 6 & LOCA	M. D. or other



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

# CERTIFICATE OF DEATH

Reg. Dist. No. 261

00901

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
VVIII)	state Maryland County Somerset
City or town	
How long in above place of death? Life time	City or town RURAL Marion (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME  Ernest Holmes Townsend	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. Runny 31 18 46 at 11 65 PM
6.(b) Name of husband or wife Nancy Dryden Townsend	21. I CERTIFY that death occurred on the date above stated; they I ettended deceased trom
	Jan 15 1846 10 Lea 3) 1846
7. Birth date of	and that I last saw hand alive on and and alive on 1946
deceased (mo., day, yr.)  8 AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
0. 7.02.	Clark Del Ditust 2 well
63 0 11hrsmin.	Mille
8. Birthplac RURAL, Marion-Somerset-Maryland	Due to.
(Town, county, and state)	Classo Dut reglecto
10. Usual occupation Farming	Due to Clarace representation 3/200
11. Industry or business Truck farms	Temas arlus columni
I 12. Name Jacob Townsead	Other conditions
₹ 13. Birthplace Marion, Maryland	
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Emily Adams 15. Birthpiace Marion, Maryland	Major findings of operations
	Date ot op.
16. Informant Mrs. Ernest Townsend	Autopsy results
Address Marion, Maryland, RFD	
Burial Date thereof Feb. 4 1946.  (Burial, cremation, or removal. Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
St Dania Comotomy	
Cemetery or crematory St. Pauls Cemetery	Where did injury occur? (City or town) (County) (State)
Location Marion, Maryland RFD	Injured at home, farm, Industry, public place (where?)
1B. Funeral director H. Harvey Bazdshaw	Meens of Injury Injured at work?
Address Criafield, Maryland	h 00-111 50
al a la	23. SIGNATURE M. D. or other
19. (Daté rec'd by registrar)  Registrar	Address morron sto mo Date signed the 2.46

FEB 11 1946 BUREAU V.B. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

Dist. No. 360

1. PLACE OF DEATH: County Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
PRINCESS ANNE Poute#2	State Maryland County Lomerset
City or town PRINCESS ANNE, Pout = #2  (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Life time	City or town (If outside city or town limits, write RUKAL and give negrest town)
Hospital, Institution, or street address where death occurred:	Sheet No. # 2
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Eleanor M. Tyler	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fenale White Single	20. DATE DE DEATH. Jan 9- 19 4021 3:30 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 19
7. Birth date ot deceased (mo., day, yr.) May 28, 1869	and that I last saw halive on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
76 7 12 min.	Survivore of sur
9. Birthplace Princess Anne Manyland-Pf.#3 (Town, county, and state)	Due to.
10. Usual occupation Housekeepere	Due to
11. Industry or business Nove	000 (0
12 Name George Tyler	Other conditions Read in arrival
13. Birthplace SomeRset County, Maryland	(Include pregnancy within 3 months of death)
14. Malden name Emily Price 15. Birthplace Princess Anne, Maryland-Rt. 2	
15. Birthplace PRINCESS ANNE Maryland-Rt. 2	Major findings of operations.
16 Interment Alvah Borman	
Address Princess June md Rt. #1	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereot January 12 1946 (Burial, exemption, or removal, Which?) (Burial, exemption, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the toilowing:
m- (a catal	
Cemetery et-etematory	Where did Injury occur?
Location Struck Maragland	Injured et home, farm, industry, public place (where?)
18. Funeral director, State of Ashiell	Means of Injury Injured at work?
Address Frincess June Maryland	23. SIGNATURE Frank mad u.
19. Jan // 19 X. Sohnson M. (Date red'd by registrar	M. D. or other
(Date fee d by registrar)	Address Date signed

JAN 15 1946
BUREAU V. S.

All constants

MARGIN RESERVED FOR BINDING

VS A15

Nag Marie

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 130

# CERTIFICATE OF DEATH

				1	
Reg	Dist	No	1	6	

00903

1. PLACE OF (DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Md County Same
(if outside city of town limits, write RURAL and give nearest town)	(if outside city or town in its, write RURAL and give nearest town)
How long in above place of death?	(tf outside city or town halts, write RURAL and give nearest town)
	Street No.
How too to be too that as too that they	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME many Venilla Wy	Rillington 3. (b) Social Security Number
4. Sex   5. Color or race   6 a) Single, married, widowed, or divorged	MEDICAL CERTIFICATION
tende negre married	0 5
100 10	20. DATE OF DEATH 30. 19.46 at 7. 481 M
6.(b) Namegot hyspand orgate will generously	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
Whitlington 1 . S.(c) If alive, give age 6. 2 years	19.4) 10 721 19.4
7. Birth date of 1 704 - 2 16 C A	and that t last saw had alive on 1944
	Immediate cause of death
	aguites repartes 1/9/46
55 7 //min.	Corra . to
9. Birthplace Tengaton, and	Que to solection of teets 1/1/46
(Town, county, and state)	
10. Usual occupation There crefs	* Tours -
11. Industry or business House Adelain	Due to
12. Name Frank Davis  13. Birthglace Farmount, Med.	Other conditions
	(include pregnancy within 3 months of desth)
14. Malden name Arminthian Wheatley  15. Birthplace Kungflow, Ind.	
15. Birtholace Kensolou, Ind.	Major findings of operations.
Carrent Va Jarta II.	Oate of op.
16. Informant	Autopsy resulta
Address Mighton high.	
17 Burial Date thereof Jan 15 46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Kingdom	Injured at home, farm, Industry, public place (where?)
-P. D. D. 7 · P.	Means of Injury Injured at work?
18. Funeral director Class Company	
Address Marion Sta Md.	W. Day Selent Tu, E)
1/11- 46 4 000	23. SIGNATURE M. D. or other
19. (Date/rec'd by registrar) Registrar	Address Cristal Date signed 1/12/46

JAN 17 1946 BULLBAU, S. S.